no perceptible weakness in the review mechanism, as part of the Tenth Five Year Plan exercise, Government plans to further strengthen the review mechanism to enable it to achieve the objectives of the Women's Component Plan more effectively.

Deaths during Child Births

*307. MISS FRIDA TOPNO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India tops the list of deaths during child births, as stated by Mr. Allan Cort, a UNICEF representative;

(b) if so, the reasons therefor; and

(c) what steps Government have taken/propose to take to prevent the same?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Based on the data on Maternal Mortality Ratio (MMR) provided by the Sample Registration System—1998, of the Registrar general of India, it is estimated that about 1.1 lakh women in India die every year due to causes related to pregnancy and child birth. According to the data published by UNICEF in its publication on 'The State of the World's Children 2001', 30 countries have maternal mortality ratio higher than that of India. In terms of the absolute numbers, however, India which is the second largest country in the world, reports highest number of maternal deaths.

(b) The main causes of maternal deaths are:

1. Direct Causes: haemorrhage, infections, Obstructed Labour, Unsafe Abortion, Toxemia of Pregnancy etc.
2. Indirect Causes: Anemia, Viral Hepatitis, Tuberculosis and Malaria.
3. Socio-economic causes: Early age of marriage, adolescent pregnancy, low status of women, low level of female education, lack of access to health services, gender bias and economic dependency.

(c) Maternal health care is an integral part of the Family Welfare Programme. Certain vertical interventions like National Nutritional

Anemia Control Programme and Tetanus Immunisation Programme for pregnant mothers have been going on under the Family Welfare Programme since 1977-78. In 1992, the nationwide Child Survival and Safe Motherhood (CSSM) (1992—97) was launched with World Bank support, for integrating various vertical interventions in the area of Maternal and Child Health. The Reproductive and Child Health (RCH) Programme, which was launched in 1997 for five years, continues the CSSM activities along with certain new programmes. The major interventions of RCH programmes aimed at bringing down maternal, infant and child mortality are:

1. Provision of Essential Obstetric Care
2. Provision of Emergency Obstetric Care
3. Provision of services in backward districts by holding RCH Camps at Primary Health Centres.
4. Contractual appointments of additional ANMs for backward districts.
5. Provision of contractual or part time appointment of Anaesthetists, Gynaecologists, Safe Motherhood Consultants and technical staff like Laboratory Technicians, Public health Nurses etc.
6. Provision of drugs and equipment for Maternal Health at sub-centres, primary health centres, community health centres/first referral units—including Iron and Folic Acid tablets for maternal and childhood anemia.
7. A scheme for 24 hour delivery services at selected primary health centres and community health centres.
8. Referral transport for pregnant women for eight backward states.
9. Facilities and training for medical termination of pregnancies for safe abortions.
10. Prevention, management and control of Reproductive Tract Infections (RTI), Sexually Transmitted Infections (STI).
11. Intensification of Information, Education and Communication

Programmes for Maternal and Child Health through the mass media as also decentralised local specific activities at the grass root level.

12. Involvement of NGOs in awareness generation and service delivery where government services are not adequate.

13. Training of medical/paramedical and other service providers.

14. Training of Dais.

The need for bringing down MMR considerably and improving maternal health in general, has been strongly stressed in the National Population Policy—2000, which has recently been approved by the Government. This policy recommends a holistic strategy for bringing about total inter-sectoral coordination at the grassroots level and also for involving the NGOs, civil society, Panchayati Raj Institutions and women's groups in bringing down MMR and Infant Mortality Ratio.

Filling-up of Posts in KVS and NVS

*308 SHRI ABDUL GAIYUR QURESHI:
SHRI NAGENDRA NATH OJHA:

Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether Government have decided recently that the two top posts in Kendriya Vidyalaya Sangathan and Navodaya Vidyalaya Samiti would be filed by central Staffing Scheme, rather than through Direct Recruitment, thereby rendering eminent educationists ineligible for these posts and making it easier to handpick favourites; and

(b) if so, the reasons and justification, if any, thereof?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (DR. MURLI MANOHAR JOSHI): (a) and (b) The matter is under consideration of the Government.